

# VILLAGE OF WAPPINGERS FALLS

BUILDING INSPECTOR  
ZONING ADMINISTRATOR  
FIRE INSPECTOR  
PLUMBING INSPECTOR  
BRYAN J. MURPHY



MAYOR  
MATTHEW ALEXANDER  
TRUSTEES  
JOHN CHASE  
DENISE CALABRESE  
SCOTT DAVIS  
ROBERT ALFONSO  
VERONICA KOMORNIK  
JENNIFER NIZNIK

BUILDING INSPECTOR  
CODE ENFORCEMENT OFFICER  
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## ELECTRICAL PERMIT PACKAGE

**1. CONSTRUCTION DRAWINGS-** Need to submit (2) drawings of the proposed work. In certain instances the plans will need to be stamped and signed by a licensed design professional.

**2. WORKERS' COMPENSATION-** Proof of insurance must be submitted from the contractor and/or Homeowner at the time of the application.

**\*Contractors MUST submit Certificate of Workers Compensation (not acceptable on Accord Forms) or Affidavit in lieu thereof -- signed and stamped by Workers Compensation Board.**

Accepted Forms:

- U26.3 - Certificate of Workers' Compensation Ins (NYS Insurance Fund only)
- C105.2 (9/07) - Certificate of Workers' Compensation Insurance
- GSI 105.2 (2/02) - Certificate of Participation in Workers' Compensation

**\*Homeowner doing their own projects must fill out form BP-1 (included in packet) and have notarized.**

**3. If contractor is applicant, the contractor MUST provide consent from the homeowner authorizing him to file for Building Permit.**

**4. All Applications MUST be completed before review by the Building Inspector**

### Required Inspections

**Rough Inspection**

**Final Electrical Inspection**

**The following are the ONLY Electrical Agencies accepted by the Village of Wappingers Falls:**

New York Board: Contact : Pat Decina - 298 - 6792

Z3 Consultants, Inc. : Contact: Gary Beck - 471- 9370

Atlantic Inland : Contact - Bill Jaycox (845) 876-8795

Commonwealth Electrical Insp. Agency: Contact : Ron Henry 562-8429

Middle Department Inspection Agency: Contact: David J. William - 1 800-USE-MDIA

New York Inspection Agency: Contact - Tom LeJeune - 373-7308

Electrical Underwrites of NY, LLC: Contact : Ernest C. Bello Jr. - 569-1759

Swanson Consulting, Inc.: Contact : J.O. Swanson - 496-4443

NY Electrical Inspectors : Contact : Jerry Caliendo (845) 294 - 7695

# VILLAGE OF WAPPINGERS FALLS

## ELECTRICAL PERMIT APPLICATION

BUILDING PERMIT APPLICATION # \_\_\_\_\_ -- \_\_\_\_\_

APPLICANT : \_\_\_\_\_

ADDRESS : \_\_\_\_\_ PHONE : \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS : \_\_\_\_\_ PHONE : \_\_\_\_\_

BUILDER : \_\_\_\_\_

ADDRESS : \_\_\_\_\_ PHONE : \_\_\_\_\_

BUILDING SITE LOCATION : \_\_\_\_\_  
(Road:Town,County, State or Private)

TAX GRID NUMBER : #06 \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_

ZONING DISTRICT : \_\_\_\_\_ Fire Deapartment ☐ SW Johnson ☐ WT Garner

Existing Size of Structure (dimensions) :

Height : \_\_\_\_\_ Number of Stories : \_\_\_\_\_ Number of Dwelling Units: \_\_\_\_\_

No. of Bedrooms: \_\_\_\_\_ No. of Bathrooms : \_\_\_\_\_ Finished Basement ? \_\_\_\_\_

(Check all that apply.)

☐ Construction of New Building

☐ Oil/Gas/LP-Gas Heating or other Appliances

☐ Installation/Replacement of Equipment and Systems

☐ Installation/Extension of Electrical Systems

☐ Pool - Above Ground : \_\_\_\_\_ Size \_\_\_\_\_

☐ Pool - In-Ground : \_\_\_\_\_ Size \_\_\_\_\_

PROJECT DESCRIPTION : \_\_\_\_\_

☐ Estimated cost of Project: \_\_\_\_\_

Required Submittals:

☐ Construction Drawings

☐ Consent Form from Homeowner

☐ Insurance / Workes' Compensation

☐ Electrical Inspection Agency: Application Filed

☐ Affidavit of Exemption to Show Proof of Workers' Compensation Insurance (notarized)

It is understood that authorization is hereby given for the Building Inspector/Zoning Administrator/Code Enforcement Officer to enter premises for purposes of inspections prior to the issuance of the Certificate of Occupancy.

All inspection are listed on Building Permit. All applications MUST be completed before review by an inspector.

\_\_\_\_\_  
Signature of Owner/Contractor/Agent

\_\_\_\_\_  
Date Signed

----- Zoning Dept. Use: -----

☐ FEE : \_\_\_\_\_ Deposit : \_\_\_\_\_ Balance : \_\_\_\_\_ Total : \_\_\_\_\_

\_\_\_\_\_  
☐ Code Enforcement Officer Approval

\_\_\_\_\_  
Date

**VILLAGE OF WAPPINGERS FALLS**  
**APPLICATION FOR A BUILDING PERMIT**

**IMPORTANT NOTICES: READ & SIGN**

1. Work conducted pursuant to a building permit must be visual inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinances of the Village of Wappingers Falls and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at 845-297-5277 Monday through Friday from 9:00 a.m. to 3:30 p.m. at least 48 hours before the owners wishes to have an inspection conducted . More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e., electrical work later to be covered by a wall)

**DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED.** Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.

3. OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDE, HOWEVER, THAT SUCH INSPECTION(S) IS(ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).
4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issue unless currently valid Worker's Compensation and Disability Insurance certificates are attached to this application or are on file with the Bureau of Fire Prevention and Inspection Services. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form BP-1 attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been Issued. Section 64-9 (a) Village Code
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. The permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. The building permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

I, \_\_\_\_\_, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful Contractor /Agent of said owner and affirm under the penalty of perjury that all statements made by me on this applications are true.

\_\_\_\_\_  
Signature of Owner/Contractor/Agent

\_\_\_\_\_  
Date Signed

----- Zoning Dept. Use: -----

\_\_\_\_\_  
[ ] Code Enforcement Officer Approval

\_\_\_\_\_  
Date

# VILLAGE OF WAPPINGERS FALLS

## Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1,2,3 or 4 Family, Owner-occupied Residence

*\*\* This form can not be used to waive the worker's compensation rights or obligations of any party. \*\**

Under penalty of perjury, I certify that I am the owner of the 1,2,3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of worker's compensation insurance coverage for such residence because: (please check the appropriate box)

- ☐ I am performing all the work for which the building permit was issued
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total or less than 40 hours per week (aggregate hours for all paid individuals on the job site) for which the building permit is issued.

I also agree to either:

Acquire appropriate worker's compensation coverage and provide appropriate proof of the coverage on forms approved by the Chair of the NYS Worker's Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hour or more per week (aggregate hours for all paid individuals on the job site) for work indicated on the building permit, or if appropriate file a CE-200 exemption form; OR

Have the general contractor, performing the work on the 1,2,3 or 4 family, owned-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers compensation coverage or proof of exemption from that coverage on forms approved by the Chair of NYS Worker's Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on he job site) for work indicated on the building permit.

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Homeowner's Name Printed

Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(County Clerk or Notary Public)

Once notarized, this BP-1 form serves as an exemption for worker's compensation and disability benefits insurance coverage.

**VILLAGE OF WAPPINGERS FALLS**  
**CONSENT FORM**

**Name of property owner:** \_\_\_\_\_

**Address of property owner:** \_\_\_\_\_

**Phone number of property owner (Include home, work and mobile number):**

\_\_\_\_\_  
\_\_\_\_\_

**Address of site where work is being conducted:** \_\_\_\_\_  
\_\_\_\_\_

**Description of work:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of person doing work:** \_\_\_\_\_

**Address of person doing work:** \_\_\_\_\_

**Phone number of person doing work (Include home, work and mobile numbers):**

\_\_\_\_\_  
\_\_\_\_\_

**I, as property owner for the above mentioned property, am aware of all work described above and give my consent to the aforementioned person to do the work.**

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date Signed